

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10595</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Joseph B Toback</u> P O Box Bldg Room No if any <u>Suite 4850</u> Street <u>250 Executive Park Blvd</u> City <u>San Francisco</u> State <u>CA</u> ZIP Code + 4 <u>94134-3346</u>	4 Name file number and address of labor organization Name <u>Sign Display &amp; Allied Crafts Local Union 510</u> Labor Organization File Number <u>033-758</u> P O Box, Building and Room Number if any <u>Suite 4850</u> Street <u>250 Executive Park Blvd</u> City <u>San Francisco</u> State <u>CA</u> ZIP Code + 4 <u>94134-3346</u>
5 Position in labor organization <u>Vice- President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box, Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7 a. Nature of Interest, Transaction or Income

7 b. Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Joseph B Toback

On 8/3/05  
Date

415-333-1630

Telephone Number

Name of Person Filing <b>Joseph B Toback</b>	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**9 Business deals with**

- a Labor Organization
- b Trust
- c Employer

**10 If 9 b or 9 c. is checked give trust or employer's name**

Name \_\_\_\_\_

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11 a Nature of such dealing**

**11 b Approximate dollar value of such dealing**

**12 a Nature of interest held or income received**

**12 b Amount.**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name Sign Pictorial & Display Health & Welfare and Pension Fund

Trade Name if any \_\_\_\_\_

P O Box Bldg Room No if any 2nd Floor

Street 633 Battery Street

City San Francisco

State CA ZIP Code + 4 94111

**14 a Nature of payment.**

1/26/04 \$250 00 meeting attendance  
9/21/04 \$250 00 meeting attendance

**13 b Is the Business an Employer or Consultant ?**

**14 b Amount of payment.**

Name of Person Filing <b>Joseph B Toback</b>	File Number <b>U</b>
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9</b> Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No If any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a</b> Nature of such dealing</p> <p>_____</p> <p><b>11 b</b> Approximate dollar value of such dealing</p> <p>_____</p> <p><b>12 a</b> Nature of interest held or income received</p> <p>_____</p> <p><b>12 b</b> Amount</p> <p>_____</p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a.</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u>Sign Display &amp; Allied Crafts Local</u> <u>Union 510 Training Trust</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>Suite 4850</u></p> <p>Street <u>250 Executive Park Blvd</u></p> <p>City <u>San Francisco</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94134-3346</u></p>	<p><b>14 a</b> Nature of payment -</p> <p>wages year end 2004 \$13790 52</p> <p>fringe benefits year end 2004 \$3762 90</p> <p>reimbursed expenses year end 2004</p> <p>\$2994 56 (see attached listing)</p>
<p><b>13 b</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment.</p>

Info for LM 30  
Year ended 12/31/04

Joe  
reim exp  
from  
JATC

Jan-04	Refreshments classes	176 97
	Internet	21 95
	Training supplies	174 09
	teacher lunch	26 75
	SBC	19 66
Feb-04	Refreshments classes	221 24
	Copies	36 00
	Training supplies	287 72
Mar-04	Refreshments classes	32 42
	Training supplies	355 00
	dsl	61 07
Apr-04	Internet	20 01
	Refreshments classes	248 98
	park	9 00
May-04	dsl	49 99
Jun 04	lunch	22 81
	dsl	50 92
	lunch	22 00
	lunch	30 00
Jul-04	dsl	50 92
Aug-04	teacher lunch	71 56
	Refreshments classes	19 23
	copies	11 07
	Refreshments-classes	64 18
	teacher lunch	16 80
	dsl	50 92
Sep 04	dsl	50 92
	teacher lunch	129 42
	office supplies	8 76
	Refreshments-classes	11 48
	classe materials	303 01
Oct-04	office supplies	84 56
	dsl	50 92
	teacher lunch	32 20
Nov-04	dsl	50 92
Dec 04	dsl	54 57
	teacher lunch	25 06
	teacher lunch	14 48
	park	27 00
	Totals	2 994 56

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